

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044497

STATE FILE NUMBER

Registration District No. 16.3 Primary Registration District No. 55-96 Registrar's No. 75

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 22 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE		c. CITY OR TOWN DE SOTO RT. #2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VINELAND RD.		d. STREET ADDRESS VINELAND ROAD	
3. NAME OF DECEASED (Type or print) DAVID ERNEST DAVIS		4. DATE OF DEATH Month Day Year Nov. 18, 1963	
5. SEX MALE	6. COLOR OR RACE CAUC	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/20/49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL BOY	
11. BIRTHPLACE (City and state or country) CUBA, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME R.E. DAVIS		13b. MOTHER'S MAIDEN NAME ETHEL TAYLOR	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. [ ]		17. INFORMANT B.E. DAVIS, DE SOTO, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Partial Decapitation			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot Gun Discharged	
20c. TIME OF INJURY 9:00 p.m.	Month, Day, Year 11-18-63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Valle Twp.	COUNTY JEFF STATE MO.
21. I attended the deceased from CORONER'S VIEW and last saw her alive on 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE James E. Johnson, D.C. Coroner		22b. ADDRESS Festus Mo.	22c. DATE SIGNED 11-18-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/20/63	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK	23d. LOCATION (City, town, or county) DE SOTO, MO.
24. FUNERAL DIRECTOR D.B. DIETRICH,	ADDRESS DE SOTO, MO.	25. DATE RECD. BY LOCAL REG. Nov. 20-1963	26. REGISTRAR'S SIGNATURE Marie Harris

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0500

2 0500

3

4 0

5 0

6

7 0

8 2

9 9/190

10 19

11 050

12 90-3

13 3-0

NOV 26 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frederick Dietrich

Licensed Embalmer No. 5096

P. O. Address So So B. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.